

Date: 3-16-11

City of Madison  
Registration Statement – Alcohol License Review Committee

*You must register before the ALRC considers your item.*

PLEASE PRINT CLEARLY

21463  
Agenda No. 11.

Required – Can be obtained from agenda  
on registration table.

Name

Rick Brahmaer

Address

14 Berkley Circle

Madison WI 53719

Please check the appropriate boxes:



**Support**

☒ Wish to speak

☐ Do not wish to speak

☐ Available to answer questions



**Oppose**

☐ Wish to speak

☐ Do not wish to speak

☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No  
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Rick Brahmaer 14 Berkley Circle

608 204-0656

Are you being paid for your representation?

☐ Yes

☐ No

Are you appearing as part of your other paid duties for this person or organization?

☐ Yes

☐ No

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

Public Hearing.....5 minutes

Information Hearing.....5 minutes

Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☐ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? ☐ Yes ☐ No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 3/16/11

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Registration Statement – Alcohol License Review Committee**

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21463

|                                                                      |
|----------------------------------------------------------------------|
| Agenda No. <u>11</u>                                                 |
| <u>Required</u> – Can be obtained from agenda on registration table. |

Name Scott Resnick  
Address 661 Mendota Ct #1401  
Madison WI 53703

Please check the appropriate boxes:

- |                                                          |                                                        |
|----------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 |
| <input type="checkbox"/> Wish to speak                   | <input type="checkbox"/> Wish to speak                 |
| <input checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions   | <input type="checkbox"/> Available to answer questions |

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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

State-Langdon Neighborhood Assn.

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No  
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_